

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: JULY1,2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD -50075 Small PHA) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS
LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHAName: WEBBCITYHOUSINGAUTHORITY

PHANumber: MO061

PHAFiscalYearBeginning:(mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: MARION FISHER

Phone: 417-673-2288

TDD: 417-673-3993

Email(if available): wcmoha@joplin.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

AnnualPHAPlan FiscalYear20 03

[24CFRPart903.7]

i.TableofCo ntents

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname (A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedas a **SEPARATE**filesubmissionfromthePHAPlansfile,providethefilenameinparenthesisinthespacetothe right ofthetitle.

Contents	<u>Page #</u>
AnnualPlan	
i. ExecutiveSummary(optional)	
ii. AnnualPlanInformation	1
iii. TableofContents	2
1. DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear	3
2. CapitalImprovementNeeds	3
3. DemolitionandDisposition	N/A
4. Homeownership:VoucherHomeownershipProgram	N/A
5. CrimeandSafety:PHDEPPlan	N/A
6. OtherInformation:	
A. ResidentAdvisoryBoardConsultationProce ss	5
B. StatementofConsistencywithConsolidatedPlan	6
C. CriteriaforSubstantialDeviationsandSignificantAmendments	7

Attachments

- ☐ AttachmentA:SupportingDocumentsAvailableforReview
- ☐ Attachment_ B_:CapitalFundProgramAnnualStatement
- ☐ Attachment_ E_:CapitalFundProgram5YearActionPlan
- ☐ Attachment_ F_:CapitalFundProgramReplaceme ntHousingFactor AnnualStatement
- ☐ Attachment__:PublicHousingDrugEliminationProgram(PHDEP)Plan
- ☐ Attachment_ G_:ResidentMembershiponPHABoardorGoverningBody
- ☐ Attachment_ H_:MembershipofRes identAdvisoryBoardorBoards
- ☐ Attachment__:CommentsofResidentAdvisoryBoardorBoards& ExplanationofPHAResponse(mustbeattachedifnotincludedinPHA Plantext)

☐ Other (List below, providing each attachment name)

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

NO POLICY OR PROGRAMS WERE CHANGED OR ADDED THAT WOULD EFFECT THE COMPLIANCE WITH THE PHA PLAN

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 132,141

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if
 “yes”,completeoneactivitydescr iptionforeachdevelopment.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6.OtherInformation

[24CFRPart903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (Filename)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
- ☐ Yes ☐ No: below or
- ☐ Yes ☐ No: at the end of the eRAB Comments in Attachment _____.

- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.

XX Other: (list below) THE RAB PROVIDED INPUT TO THE PLAN THEREFORE, THE COMMENTS WERE COMPLIMENTARY TO THE PLAN.

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) STATE OF MISSOURI

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- XX The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- XX The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- XX The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes XX No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) THE PHA PLAN IS CONSISTENT WITH THE STATE OF MISSOURI CONSOLIDATED PLAN FOR THE ELDERLY

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A.SubstantialDeviationfromthe5 -yearPlan :ANYCHANGEINTHEPHAPROGRAM
ORPOLICIESTHATWOULDSUBSTANTIALLYEFFECTTHESAFETYOR
AFFORDABILITYOFTHEH .A.INVENTORYOFUNITS.**

**B.SignificantAmendmentorModificationtotheAnnualPlan: ANYCHANGEOR
MODIFICATIONMADETOPOLICIESTHATWOULDEFFECTTHEWELLBEING
OFOURTENANT'S.**

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Y	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents XX check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rent offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section ____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
N/A	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report Capital Fund Program (CFP/CFPRHF) Part 1: Summary					
PHAName: WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram: MO16P06150100 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)					
<input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> XXFinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	2,000			0
10	1460DwellingStructures	29,000			25,000
11	1465.1DwellingEquipment —Nonexpendable	45,000			45,000
12	1470NondwellingStructures	5,000	14,000		12,646
13	1475NondwellingEquipment	16,000			14,354
14	1485Demolition				
15	1490ReplacementReserve	39,560			39,560
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	136,560	14,000		136,560
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program (CFP/CFPRHF) Part 1: Summary					
PHAName: WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram: MO16P06150100 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2000
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)			<input type="checkbox"/> XXFinalPerformanceandEvaluationReport
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
24	Amountoffline20RelatedtoEnergyConservation Measures	69,000			53,069

Annual Statement/Performance and Evaluation Report								
Capital Fund Program (CFP/CFPRHF)								
Part II: Supporting Pages								
PHAName: WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#:MO16P06150100 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MO061-2	REPLACE20YROLD FURNACE	1465	37	30,000		28,069	28,069	COMP
HAWIDE	REPLACE10YROLD TRUCK	1475	1	16,000		16,000	14,354	COMP

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP/CFPRHF)
PartII:SupportingPages

PHAName:WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram#:MO16P06150100 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 2000		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MO061-1	REPLACE20YROLFALUMINUM WINDOWSIN6 -PLEX	1460	168	47,000		47,000	47,157	COMP
HAWIDE	REPLACERESERVE	1490		39,560		39,560	39,560	COMP
HAWIDE	REPLACEROOFMTCE.SHOP	1470	1	5,000		5,000	5,000	COMP
HAWIDE	SECURITYFENCE		1	2,000		2,420	2,420	COMP

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgram(CFP/CFPRHF) PartIII:ImplementationSchedule		
PHAName:WEBBCITYHOUSING AUTHORITY	GrantTypeandNumber CapitalFundProgram#:MO16P06150100 CapitalFundProgramReplacementHousingFactor#:	FederalFYofGrant: 2000

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP/CFPRHF)
PartII:SupportingPages

[illegible]

Annual Statement/Performance and Evaluation Report									
Capital Fund Program (CFP/CFPRHF)									
Part II: Supporting Pages									
PHAName: WEBBCITYHOUSINGAUTHORITY				Grant Type and Number Capital Fund Program #: MO16P06150100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: <div style="text-align: right;">2000</div>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
				Original	Revised	Funds Obligated	Funds Expended		

Annual Statement/Performance and Evaluation Report					
Capital Fund Program (CFP/CFPRHF) Part 1: Summary					
PHAName: WEBBCITYHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: MO16P06150101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
XX Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				

Annual Statement/Performance and Evaluation Report Capital Fund Program (CFP/CFPRHF) Part 1: Summary

PHAName: WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram: MO16P06150101 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2001	
<input type="checkbox"/> Original Annual Statement XX Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input type="checkbox"/> Revised Annual Statement (revision no:)	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,400		6,400	
10	1460 Dwelling Structures	100,000		100,000	93,740
11	1465.1 Dwelling Equipment — Nonexpendable	32,375		32,375	30,260
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	138,775		138,775	124,000
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program (CFP/CFPRHF) Part 1: Summary					
PHAName: WEBBCITYHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: MO16P06150101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
XX Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	132,375			122,740

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP/CFPRHF)
PartII:SupportingPages

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program (CFP/CFPRHF) Part 1: Summary

PHAName: WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram: MO16P06150102 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGra nt: 2002	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> OriginalAnnualStatement XXPerformanceandEvaluationReportforPeriodEnding: </div> <div> <input type="checkbox"/> ReserveforDisasters/Emergencies </div> <div> <input type="checkbox"/> RevisedAnnualStatement(revisionno:) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> FinalPerformanceandEvaluationReport </div> </div>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totaln on-CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9					
10	1460DwellingStructures	132,141			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	132,141			
21	Amountoffline20RelatedtoLBPAactivities				
22	Amountoffline20RelatedtoSection504Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program (CFP/CFPRHF) Part 1: Summary					
PHA Name: WEBB CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: MO16P06150102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) </div> <div style="display: flex; justify-content: space-between;"> XX Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP/CFPRHF)
PartII:SupportingPages**

[illegible]

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

**Annual Statement/Performance and Evaluation Report
Capital Fund Program (C FP/CFPRHF) Part 1: Summary**

PHAName: WEBBCITYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram:MO16P06150103 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant : 2003	
<div style="display: flex; justify-content: space-between;"> XXOriginalAnnualStatement PerformanceandEvaluat ionReportforPeriodEnding: <div> <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) </div> <div> <input type="checkbox"/> FinalPerformanceandEvaluationReport </div> </div>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9					
10	1460DwellingStructures	140,000			
11	1465.1Dwell ingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedfor Development				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	140,000			
21	Amountoffline20RelatedtoLBPAactivities				
22	Amountoffline20RelatedtoSection504Compliance				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program (CFP/CFPRHF) Part 1: Summary					
PHAName: WEBBCITYHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: MO16P06150103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant : 2003
XXOriginal Annual Statement Performance and Evaluation Report for Period Ending: <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) </div> <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Final Performance and Evaluation Report </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	0		0	

**AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgram(CFP/CFPRHF)
PartII:SupportingPages**

[illegible]

Part III: Implementation Schedule

TableLibrary

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA development planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide) WEBBCITYHOUSINGAUTHORITY	
MO061		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE 28 YR OLD KITCHEN CABINETS	50,000	07-01-03
REPLACE RANGES & REFRIGERATORS	50,000	
STREET & SIDEWALK IMPROVEMENTS	40,000	
REPLACE CARPETING & INTERIOR DOORS	90,000	07-01-04
REPLACE ENTRANCE DOORS & STORM DOORS	50,000	
REPLACE TILE FLOORS & CLOSET DOORS	150,000	07-01-05
REEROOF BUILDING IN MO061001	40,000	07-01-06
REPLACE CARPETING & INTERIOR DOORS	90,000	
UPDATE COMPUTER	20,000	07-01-07
LANDSCAPING	50,000	
LAWN TRACTORS (2)	30,000	
REMODEL MULTI-PURPOSE ROOM	25,000	
REPLACE GOLF CARTS	10,000	
Total estimated cost over next 5 years	695,000	

--	--	--

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B.PHDEPBudgetSummary

Enter the total amount of PHDEP funding allocated to each line item.

FFY_____PHDEPBudgetSummary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFun ding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivi ties	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment_ G_:Resident Member on the PHA Governing Board

1. XX Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

MARY HAILEY

B. How was the resident board member selected: (select one)?

☐ Elected

X Appointed

C. The term of appointment is (include the date term expires):

4 YEARS 11 -30-06

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment ____ H ____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

MA RYHAILEY
GRACE GLADDEN
ROSALIE GROVE